

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>097516 061</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1		1		51
2							52
3							53
4							54
5							55
6							56
7							57
8			1		1		58
9			1		1		59
10			1		1		60
11			1		1		61
12							62
13							63
14							64
15					1		65
16							66
17							67
18							68
19							69
20			1		1		70
21							71
22			1				72
23				1			73
24							74
25					1		75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33			1		1		83
34							84
35					1		85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		1		1			
TOTAL DEP.	23	23	33	33			
TOTAL CLAIMS	34	34					12